

Assignment Agreement
Title IV of the Intergovernmental Personnel Act of 1970 (5 U.S.C. 3371-3376)

INSTRUCTIONS

This agreement constitutes the written record of the obligations and responsibilities of the parties to a temporary assignment arranged under the provisions of the Intergovernmental Personnel Act of 1970.

Within 30 days of the effective date of the assignment, two copies of this form must be sent to:

U.S. Office of Personnel Management
Personnel Mobility Program
Staffing Operations Division/CEG
1900 E street, NW
Washington, D.C. 20415

The term "State or local government," when appearing in this form, also refers to an institution of higher education, and Indian tribal government, and any other eligible organization.

Procedural questions on completing the assignment agreement form or on other aspects relating to the mobility program should be addresses to either mobility program coordinators in each Federal agency or to the staff of the Personnel Mobility Program in the U.S. Office of Personnel Management.

Copies of the completed and signed agreement should be retained by each signatory.

PART 1 - NATURE OF THE ASSIGNMENT AGREEMENT

1. Check Appropriate Box

☒ New Agreement

☐ Modification

☐ Extension

PART 2 - INFORMATION ON PARTICIPATING EMPLOYEE

2. Name (Last, First, Middle)

Bailey, Cathy B.

3. Social Security Number

(b) (6)

4. Home Address (Street, City, State, Zip Code)

(b) (6)

5.- A. Have you ever been on a mobility assignment?

☐ YES

☒ NO

5.- B. If "YES", date of each assignment (Month and Year)

From

To

PART 3 - PARTIES TO THE AGREEMENT

6. Federal Agency (List office, bureau or organizational unit which is party to the agreement)

U.S. Environmental Protection Agency
Office of Water, Office of Ground Water and Drinking Water

7. State or Local Government (Identify the governmental agency)

City of Cincinnati
Greater Cincinnati Water Works

8. Is assignment being made through a faculty fellows program?
If "YES", give name of the program.

☐ YES

☒ NO

PART 4 - POSITION DATA

A - Position Currently Held

9. Employment Office Name and Address (Street, City, State and ZIP Code)

Greater Cincinnati Water Works
4747 Spring Grove Avenue
Cincinnati, OH 45232

10. Employee's Position Title

Executive Director

11. Office Telephone Number
(Include the Area Code)

513-591-7977

12. Immediate Supervisor (Name and Title)

Sheryl Long
Assistant City Manager

B - Type of Current Appointment

13. Federal Employees (Check appropriate box.)

☐ Career Competitive

Grade Level

☐ Other (Specify):

14. State and Local Employees

State or Local Annual Salary

\$171,218.00

Original Date Employed by the
State or Local Government (Month,
Day, Year)

01/19/1992

C - Position To Which Assignment Will Be Made

15. Employment Office Name and Address (Street, City, State and ZIP Code)

U.S. Environmental Protection Agency
Office of Water, Office of Ground Water and Drinking Water
1200 Pennsylvania Ave, NW
Washington, DC 20004

16. Assignee's Position Title

Senior Advisor

17. Office Telephone Number
(Include the Area Code)

tba

18. Immediate supervisor (Name and Title)

Jennifer McLain, Director
Office of Ground Water and Drinking Water

PART 5 - TYPE OF ASSIGNMENT**19. Check Appropriate Boxes**

- | | |
|---|---|
| <input type="checkbox"/> On detail from a Federal agency | <input checked="" type="checkbox"/> Full Time |
| <input type="checkbox"/> On leave c from a Federal agency | <input type="checkbox"/> Part Time |
| <input checked="" type="checkbox"/> On detail to a Federal agency | <input type="checkbox"/> Intermittent |
| <input type="checkbox"/> On appointment in a Federal agency | |

20. Period of Assignment (Month, Day, Year)

From

To

Updated: 09.12.2022 -09.11.2023

06/01/2022

05/31/2023

PART 6 - REASON FOR MOBILITY ASSIGNMENT

21. Indicate the reasons for the mobility assignment and discuss how the work will benefit the participating governments. In addition, indicate how the employee will be utilized at the completion of this assignment.

Reasons for the mobility assignment and how the work will benefit the Office of Water are attached to this agreement.

PART 7 - POSITION DESCRIPTION

22. List the major duties and responsibilities to be performed while on the mobility assignment.

The major duties and responsibilities of this IPA are attached to this agreement.

PART 8 - EMPLOYEE BENEFITS**23. Rate of Basic Pay During Assignment**

\$171,218

24. Special Pay Conditions (Indicate any conditions that could increase the assigned employee's compensation during the assignment period)

COLA applied by The Greater Cincinnati Water Works

25. Leave Provisions (Indicate the annual and sick leave benefits for which employee is eligible. Specify the procedures for reporting, requesting and recording such leave.)

Annual and sick leave benefits (or equivalents) are earned and managed in accordance with The Greater Cincinnati Water Works employee benefits guidance and procedures. Leave requests will be submitted via email to the EPA immediate supervisor, who will in turn copy the GCWW on decisions to approve/deny leave. Ms. Bailey will follow GCWW procedures for reporting and recording approved leave. Other time and attendance procedures will be consistent with GCWW procedures and local policy in the EPA supervisor's office.

PART 9 - FISCAL OBLIGATIONS

Identify, where appropriate, the office to which invoices and time and attendance records should be sent.

26. Federal Agency Obligations (If paying more than 50 percent of a Federal employee's salary beyond a 6-month period, specify rationale for cost-sharing decision.)

100% salary and benefits plus Working Capital Fund for computer, phone, background investigation and mobile phone (if necessary)

Salary - \$171,218

Benefits - \$78,390

All Working Capital Fund expenses

27. State or Local Government agency Obligations

N/A

PART 10 - CONFLICTS OF INTEREST AND EMPLOYEE CONDUCT

☒ 26. Applicable Federal, State or local conflict-of-interest laws have been reviewed with the employee to assure that conflict-of-interest situations do not inadvertently arise during this assignment.

☒ 29. The employee has been notified of laws, rules and regulations, and policies on employee conduct which apply to him/her while on this assignment. Ethics implications discussed with IPA candidate (JFugh)

JUSTINA
FUGH

Digitally signed by
JUSTINA FUGH
Date: 2023.07.03
20:10:12 -04'00'

PART 11 - OPTIONS

30. Indicate coverage "N/A", if not applicable.

A. Federal Employees Group Life Insurance

☐ Covered

☒ N/A

B. Federal Civil Service Retirement system or federal Employees Retirement System

☐ Covered

☒ N/A

C. Federal employee Health Benefits

☐ Covered

☒ N/A

31. State or Local Agency Benefits (Indicate all State employee benefits that will be related by the State or local agency employee being assigned to a Federal agency. Also include a statement certifying coverage in all State and local employee benefit programs that are elected by Federal employee on leave without pay from the Federal agency to a State or local agency.)

N/A

32. Other Benefits (Indicate any other employee benefits to be made part of this agreement)

Health insurance, dental insurance, vision insurance, accident insurance, critical insurance, life insurance, flexible life insurance, dependent life insurance, spouse life insurance, ICMA, Cincinnati Retirement System/Pension (employee contribution), Cincinnati Retirement System/Pension (city contribution), deferred compensation match, sick sell back

PART 12 - TRAVEL AND TRANSPORTATION

33. Indicate: (1) Whether the Federal agency or State or local agency will pay travel and transportation expenses to, from, and during the assignment as specified in Chapter 3344 of the Federal Personnel Manual, and (2) which travel and relocation expenses will be included.

Travel expenses incurred to conferences or meetings on behalf of the agency will be paid by the EPA. Travel expenses incurred for personal travel will be paid by the assignee

PART 13 - APPLICABILITY OF RULES, REGULATIONS AND POLICIES**34. Check Appropriate Boxes.**

- ☒ A. The rules and policies governing the internal operation and management of the agency to which my assignment is made under this agreement will be observed by me.
- ☒ B. I have been informed that my assignment may be terminated at any time at the option of the Federal agency or the State or local government.
- ☒ C. I have been informed that any travel and transportation expenses covered from Federal agency appropriations may be recoverable as a debt due the United States, if I do not serve until the completion of my assignment (unless terminated earlier by either employer) or one year, whichever is shorter.
- ☒ D. I have been informed of applicable provisions should my position with my permanent employer become subject to a reduction-in-force procedure.
- ☐ E. I agree to serve in the Civil Service upon the completion of my assignment for a period equal to that of my assignment. Should I fail to serve the required time, I have been informed that I will be liable to the United States for all expenses (except salary) of my assignment. (For Federal Employees only).

PART 14 - CERTIFICATION OF ASSIGNED EMPLOYEE

In signing this agreement, I certify that I understand the terms of this agreement and agree to the rules, regulations and policies as indicated in Part 13 above.

35. Location of Assignment (Name of Organization)

U.S. EPA, Office of Water, Office of Ground Water and Drinking Water

36. Date (Month, Day, Year)

From To

37. Signature of Assigned Employee

Bailey, Cathy

Digitally signed by Bailey, Cathy
Date: 2022.06.12
13:07:30 -04'00'

38. Date of Signature (Month, Day, Year)

PART 15 - CERTIFICATION OF APPROVING OFFICIALS

In signing this agreement, we certify that:

- the description of duties and responsibilities is current and fully and accurately describes those of the assigned employee;
- this assignment is being entered in to to serve a sound, mutual public purpose and not solely for the employee's benefit;
- at the completion of the assignment, the participating employee will be returned to the position he or she occupied at the time this agreement was entered into or a position of like seniority, status pay.

State or Local Government Agency

39. Signature of Authorizing Officer

Sheryl Long

41. Date of Signature (Month, Day, Year)

6/21/22

43. Typed Name and Title

Sheryl Long, Assistant City Manager
City of Cincinnati

Federal Agency

40. Signature of Authorizing Officer

BENITA

BEST WONG

Digitally signed by
BENITA BEST-WONG
Date: 2022.06.03
15:08:12 -04'00'

42. Date of Signature (Month, Day, Year)

44. Typed Name and Title

Benita Best-Wong, Deputy Asst Administrator for Management
Office of Water

PRIVACY ACT STATEMENT

Lewis,
Marisa

Digitally signed by Lewis,
Marisa
Date: 2022.08.24 11:40:36
-04'00'

Sections 3373 and 3374, Assignment of Employees To or From State or Local Governments, of Title 5, U.S. Code, authorizes collection of this information. The data will be used primarily to formally document and record your temporary assignment to or from a State or local government, institution of higher education, Indian tribal government, or other eligible organization. This information may also be used as the legal basis for personal and financial transactions, to identify you when requesting information about you, e.g., from prior employers, educational institutions, or law agencies, or by State, local, or Federal income taxing agencies.

Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397, which permitted by use of the SSN as an identifier of individual records maintained by Federal agencies. Furnishing your SSN or any other data requested is voluntary. However, failure to provide any of the requested information may result in your being ineligible for participation in the Intergovernmental Assignment Program.